

Truman State University Employee Exit Form

	Faculty	_ Full Time	\$	Salary
_	Staff	Part Time, Temporary, GTRA	I	Hourly
NAME:			Date:	
Department:	Banner ID:			
W-2 Permanent Address:	Social Security Number:			
	Phone #:			
We value your input; plea	ase complete the "Exit Survey" lo	cated on TruView, Employee tab,	in the Compe	nsation and Benefits channel.
Department	Purpose			Authorized Signature / Date
Department	ALL employees contact your To collect any equipment, laptor			
Human Resources McClain Hall 101	ONLY full time employees con To schedule an exit interview To review an explanation of ben	ontact the Human Resources Office a	t x4031:	
Payroll McClain Hall 106	(provide receipt to Payroll) Pay Cashiers any outstanding fir Return all cell phones, blackbern Return Visa procurement or corp	rn pieces to Payroll to the Library and all fines and fees shoutes and fees (provide receipt to Payroll) ties, pagers, calling cards, etc. to Payroll to porate cards to Payroll	1	
•	ve turned in all records and property	and satisfied all obligations to Truma		ity.
Signature			Date:	